

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008234

FILED
Feb 06, 2003
Secretary of State

Entity Name: EAST SUNRISE RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

1651 NW 63 AVE
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

1651 NW 63 AVE
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 65-1161694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, ERROL O
1651 NW 63 AVE
SUNRISE, FL 33313

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KING, ERROL O
Address: 1651 NW 63 AVENUE
City-St-Zip: SUNRISE, FL 33313

Title: VP () Delete
Name: SOFIELD, LARRY
Address: 6601 N W 27TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: SEC () Delete
Name: MAEVSKI, MARILYN
Address: 5945 DEL LAGO CIRCLE APT.307
City-St-Zip: SUNRISE, FL 33313

Title: SEC2 () Delete
Name: SOFIELD, KATHY
Address: 6601 N.W. 27TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: T () Delete
Name: GIRLIE, ROBERTA
Address: 5581 N.W. 14TH PLACE
City-St-Zip: SUNRISE, FL 33313

Title: SEC3 () Delete
Name: DUNCAN, DELORES
Address: 1831 NW 63 AVE
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: SOFIELD, KATHY
Address: 6601 N.W. 27TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: DUNCAN, DELORES
Address: 1831 NW 63 AVE
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERROL O. KING

P

02/06/2003

Electronic Signature of Signing Officer or Director

Date